

---

# State Vocational Federation of Teachers

P.O. Box 4548  
Wallingford, CT 06492

**Local 4200A**

**AFT/AFT-CT/AFL-CIO**

---

## Membership Information Change Form

Please complete and submit this form to the union office should you have any changes in your personal information.

Name _____	Date _____	
Name Change (if applicable) _____		
Home Address _____		
City _____	State _____	Zip _____
Home Phone _____	E-Mail _____	

**Please Fax to SVFT at (203)793-7943 or return to your Union Representative. THANK YOU!**